



# State of New Hampshire

## 2010 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/26/2010

Business ID: 302447

William M. Gardner

Secretary of State

CHICK-FIL-A, INC.

5200 BUFFINGTON RD  
ATLANTA, GA 30349

### ADDRESS OF PRINCIPAL OFFICE:

5200 BUFFINGTON RD  
ATLANTA, GA 30349

### REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM  
9 CAPITOL ST  
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 302447

STATE OF DOMICILE: GEORGIA

SELL FRANCHISES FOR QUICK SERVICE RESTAURANTS, OPERATE &  
BUILD RESTAURANTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Dan T Cathy

STREET 5200 Buffington Road

CITY/STATE/ZIP Atlanta Ga 30349

SEC'Y. Jeannette M Cathy

STREET 5200 Buffington Road

CITY/STATE/ZIP Atlanta Ga 30349

V-PRES. James B. McCabe

STREET 5200 Buffington Road

CITY/STATE/ZIP Atlanta Ga 30349

NAME .....

STREET .....

CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. S. Truett Cathy

STREET 5200 Buffington Road

CITY/STATE/ZIP Atlanta Ga 30349

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

James B McCabe

Please print name and title of signer:

James B McCabe

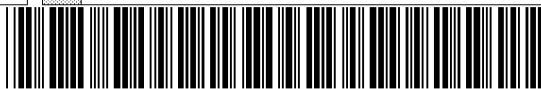
/ VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



030244720101004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529